

**PQS QUALIFICATION SHEET**

**Leads Mail List Manager (MLM) Module**

<b>Name of Trainee</b>	<b>Qualification Start Date</b>	<b>Date Qualified for MLM</b>

<b>PQS Standard</b>	<b>Trainee (Signature)</b>	<b>PQS Qualifier (Signature)</b>	<b>Date</b>
1. Mail List Management			
2. Final Qualifications			

	Discuss/ Initial			Demonstrate/ Initial			Remedial/ Re-qualify		
	T R A I N E E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E	T R A I N E R	T R A I N E R	D A T E
<b>1. Mail List Management</b>									
a. Explain procedures for completing a mail out.									
b. Explain Market ID and identify percentage of high school and workforce names held by LPT.									
c. Demonstrate the ability to download a name list to Web RTools.									
d. Demonstrate the ability to determine effectiveness of the Direct Mail campaign.									
e. Demonstrate ability to <u>import</u> name list files to Ad Agency using List Capture procedures in NALTS.									
f. Demonstrate the ability to target prospects in NALTS.									
g. Demonstrate the ability to <u>create</u> a mailing list using List Capture procedures in NALTS.									
h. Complete Privacy Act training 101 and 103.									

**2. Record of Qualification:**

a. Recommended for PQS Qualification Board. Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(Name/Rate/Qualifier Position) (Name/Rate)  
is ready for final qualification by a PQS Board for the position of Leads  
Mail List Manager.

Qualifier's Signature \_\_\_\_\_

b. Qualification Board: Date: \_\_\_\_\_

We certify the examinee to be fully qualified for the position of Leads Mail  
List Manager.

\_\_\_\_\_  
Board President (Name/Rate/Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Board Member (Name/Rate/Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Board Member (Name/Rate/Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Board Member (Name/Rate/Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Board Member (Name/Rate/Position)

\_\_\_\_\_  
(Signature)

c. Reviewed:

PQS Training Officer, NAVCRUITDIST \_\_\_\_\_

\_\_\_\_\_  
(Signature/Date)

d. Approved

Commanding Officer, NAVCRUITDIST \_\_\_\_\_

\_\_\_\_\_  
(Signature/Date)

e. Service Record Entry (Page 4)

Chief Administrator, NAVCRUITDIST \_\_\_\_\_

\_\_\_\_\_  
(Signature/Date)

You are hereby granted an extension. Your new maximum qualification date is  
\_\_\_\_\_. (Attach a copy of extension request with justification).

\_\_\_\_\_  
PQS Training Officer

Copy to:  
Member's Training Record